SFR Cross Connection Survey Information

SF 22

CITY OF Oak Harbor
WHIDBEY ISLAND, WASHINGTON

Development Services Department
865 S.E. Barrington Dr. ÅOak Harbor, WA 98277 ÅPhone (360) 279 4510 ÅFax (360) 279-4519

Project Site Address: _____ Parcel ID: _____

Project Description: _____

_____

TYPE OF RESIDENCE: ☐ Single Family ☐ Duplex ☐ Other: _____

Owner's Name: _____

Owner's Address: _____ Phone: (_____) _____

Email Address: _____

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the city water system. Please fill out the following questionnaire and check the appropriate boxes that apply to your project.

Place a check next to all equipment and fixtures listed below that are, or will be connected to water for use at your project or residence.

- ☐ *Hot tub*
- ☐ *Swimming Pool*
- ☐ *Spa/Sauna*
- ☐ *Air Conditioner*
- ☐ *Water Treatment /Filtration System*
- ☐ *Decorative Pond /Fountain*
- ☐ *Drinking Fountain*
- ☐ *Lawn Landscape Irrigation w/o chemicals*
- ☐ *Garbage Disposals*
- ☐ *Solar Heating Equipment*
- ☐ *Heat Pumps*
- ☐ *Heating systems using Water*
- ☐ *Medical Equipment*
- ☐ *Private well on property*
- ☐ *Livestock Watering*
- ☐ *Photo Developing Equipment*
- ☐ *Gray water system*
- ☐ *Water supply to dock or boat moorage*
- ☐ *Septic Pump*
- ☐ *None of the Above*
- ☐ *Lawn Landscape Irrigation with chemicals*

The above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the domestic water system must be reported immediately to the city of Oak Harbor Building Division and Water Division as a condition of continued service.

Completed By: _____ *Date:* _____